

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

10501527

CLAIMS

AS FILED
AFTER
IN AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT

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AS FILED
AFTER
IN AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

AS FILED
AFTER
IN AMENDMENT

IND. DEP. IND. DEP. IND. DEP.

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50

TOTAL
IND.
TOTAL
DEP.
TOTAL
CLAIMS

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